

KNOXVILLE PARKS & RECREATION DEPARTMENT 2016-2017 Youth League Official Tournament Team Roster

Please print or type and complete all information below.

Name of Organization	Name of Organization League Director						
Phone/Daytime () Phone/Evening () Fax ()							
Email	l:			-			
Team Name:	Color of Uniform(s)						
	Please circle competitive division.			Please circle one (1).			
Girls։ 8ս 10ս 12ս 1 Boys։ 8ս 10ս 12ս 14ս		REC		OPEN			
Player Name	Jersey#	Birth Date	<u>Age</u>	<u>N</u>	ame of School		
1.							
2.							
3.							
4,							
5.							
6.							
7.	 -						
8.							
9.							
10.							
11.							
12.							
Head Coach:		E-mail:					
Address:	City:		Sta	te:	_ Zip:		
Phone/Daytime: ()	Phone/Evening:						
Assistant Coach:		E-mai	il:				
Address:	City:		Stat	e:	Zip:		
Phone/Daytime: ()	Phone/Evening:	()	·	Fax: ()			
To the best of my investigated and cond Basketball League and/or Team for the 2 birth.							
Signaturo			Da	to:			

League Director